

## Animal Health Information for Intra-Community Movement

Consignor Name	Lot Number	Horse Description

I hereby certify that the Animal described above:

- (a) Has been examined by me today and shows no clinical sign of infections or contagious disease.
- (b) Is not intended for slaughter under a national disease eradication programme.
- (c) Has not been vaccinated against African Horse Sickness (if the animal has been vaccinated, delete previous line and insert date here \_\_\_\_\_) and does not come from the territory or part of the territory of a member state of third country which is the subject of restriction for reasons of African Horse Sickness
- (d) Has not been obtained from a holding which was subject to prohibition for animal health reasons, nor was it in contact with equidae obtained from a holding which was subject to prohibition for animal health reasons for the following period of time:
  - Six months in the case of equidae suspect of having contacted **durine**, beginning on the date of the last actual contact or possible contact with a sick animal, however in the case of a stallion the prohibition shall apply until the animal is castrated.
  - Six months in the case of **glanders** or **equine encephalomyelitis**, beginning on the date on which the equidae suffering from the disease in question were slaughtered.
  - In the case of **infections anaemia**, until the date on which the infected animals have been slaughtered and the remaining animals have shown a negative reaction to two Coggins tests carried out three months apart.
  - Six months in the case of **vesicular stomatitis**.
  - One month from the last recorded case in the case of **rabies**.
  - Fifteen days from the last recorded case in the case of **anthrax**.
- (e) On the basis of declarations by the owner or breeder, there are no grounds for concluding that the animal has been in contact with equidae suffering from an infectious or contagious disease during the fifteen days immediately preceding inspection.

**Signature of registered  
Veterinary Surgeon**

\_\_\_\_\_

**Practice Stamp**

**Name in Block Capitals**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of owner/breeder**

\_\_\_\_\_